Contents for Part 6

READER's KEY: Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.

READER's KEY: Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.

PATHWAYS 3, 4 and 5: Acute or Unstable Medical or Rehabilitative Conditions

Pathways 3, 4 and 5 identify applicants who have acute or unstable medical or rehabilitative conditions which meet level of care requirements. Applicants who qualify in Pathway 3, 4 or 5 are likely to have potential for improvement in their condition.

When an applicant chooses a long term care services, he/she is responsible for reporting changes in condition or situation to the specific program office which administers those long term care services. Adjustments in approval times will be made by the specific programs, in accordance with approved policy and regulations.

Home and community based applicants who score in only Pathways 3, 4, or 5 will require a Statement of Medical Status to be completed by a health care professional associated with the applicant's primary care physician. This Statement of Medical Status must be forwarded to the OAAS designee upon completion. The designated OAAS reviewer will determine if the condition or treatment indicated on the LOCET is documented by the health care professional.

If an applicant chooses Nursing Facility services as the preferred long term care program, and has qualified on LOCET only on Pathway 3 or Pathway 4 or Pathway 5, Nursing Facility services will be approved for a time-limited stay, which will be a minimum of 30 days. (See Louisiana Medicaid Manual, Standards for Payment for Nursing Facilities, Chapter 7, Admission Review and Preadmission Screening, pages 7-2 and 7-9.) At the conclusion of the initial period of approval, if the applicant has not been discharged, the Nursing Facility will submit documentation for request of an extension of stay. This documentation will be reviewed by the OAAS reviewer who will determine if an extension of stay is warranted.

Care planning for all nursing facility residents must include restorative nursing interventions. Restorative nursing interventions are discussed in the Louisiana Medicaid Manual, Standards for Payment for Nursing Facilities, Chapter 3, pages 3-17.

OAAS-Designated Reviewer's Instructions for System Input of Pathway 3, 4 and / or 5 Decision

The OAAS-designated reviewer of Pathway 3, 4 and 5 medical documentation is responsible for entering the findings of that review into the software system. Detailed instructions for this input process are given in Part 8 of this manual, Sections J.19E. and J.19F. Please refer to that section after the review of medical documentation is completed.

READER's KEY: Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.

Section E. PATHWAY 3: Physician Involvement

Applicants who have significant clinical instability may be appropriate for long-term care programs. Pathway 3 records information concerning the frequency of health care practitioner examinations and order changes for the applicant. For this section, visits and orders from physician assistants, nurse practitioners, or clinical nurse specialists working in collaboration with the physician should be included.

Physician orders include written, telephoned, faxed, or consultation orders for new or altered treatments in the community setting. Drug renewal orders are not to be considered.

E.14A. Physician visits

Identify and code the number of days within the last 14 days that the physician or authorized assistant or practitioner examined the applicant. The 14-day look-back period is based on the Eligibility Tool (LOCET) date.

Enter "0" if none. Enter 14 if 14 or more examinations occurred.

If the informant is not aware of the number of physician examinations the applicant has had in the last 14 days, code 15.

- Do not count emergency room examinations.
- Do not count in-patient hospital examinations.
- Physician visits in the nursing facility may be counted.

E.14B. Physician Orders

Identify and code the number of times the physician or authorized assistant or practitioner changed the applicant's orders within the last 14 days. The 14-day look-back period is based on the Eligibility Tool (LOCET) date.

Enter "0" if none.
Enter 14 if 14 or more order changes were written.
If the informant is not aware of the number of order changes the applicant has had in the last 14 days, code 15.

READER's KEY: Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.

- Do not include drug or treatment order renewals without change.
- Hospital in-patient order changes may be counted in the following circumstances:
    - The applicant is being transferred directly to a Nursing Facility upon discharge
    - The applicant will be approved a time-limited stay at the Nursing Facility.
- Physician orders in the emergency room do count.
- A sliding scale dosage schedule that is written to cover different insulin dosages depending on laboratory values does not count as an order change simply because a different dose was administered based on sliding scale guidelines.
- Do not count order changes which occurred prior to the last 14 days.
- If an applicant has multiple physicians, and they all visit and write orders on the same day, this must be coded as one day in which a physician visited and one day for an order change.
- Orders requesting a consultation by another physician may be counted; however, the order must be related to a possible new or altered treatment.

The medical documentation (including the Statement of Medical Status) which is submitted to the OAAS-designated reviewer will be reviewed to determine if the criteria for this pathway is documented for the applicant.

Pathway 3 Criteria for Approval:

The OAAS-designated reviewer will determine if the physician visits and order changes indicated on the LOCET in this Pathway are supported by the medical documentation submitted.

The criterion which must be met for approval in Pathway 3 is either of the following:

1. One day of MD visits AND at least four new order changes, both occurring in the last 14 days; **OR**

2. At least two days of MD visits AND at least two new order changes, both occurring in the last 14 days.

READER's KEY: Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.

Section F. PATHWAY 4: Treatments and Conditions

Certain treatments and conditions may be a predictor of potential frailty or increased health risk. These conditions require a physician-documented diagnosis in the medical record. This documentation will be submitted on the Statement of Medical Status. The Statement of Medical Status will be completed by a health care professional associated with the applicant's primary care physician, physician discharging the patient from a hospital, or associated with the treating physician at the receiving Nursing Facility. This Statement of Medical Status must be forwarded to OAAS upon completion. The OAAS-designated reviewer will determine if the condition or treatment indicated on the LOCET is supported by the documentation completed by the health care professional. Applicants will not qualify under Pathway 4 when the condition(s) have been resolved, or they no longer affect functioning or the need for care. The individual look-back period for each item is based on the Eligibility Tool (LOCET) date.

F.15A: Treatments and Conditions – Coding Definitions:

For each of the conditions and treatments listed, code with 0, 1, or 2, **based on the following definitions:**

Selection 0: No

Code if the condition has been resolved or if the applicant does not have this condition as an on-going, active condition which affects his or her functioning or need for care.
Code if the treatment has not occurred in the individual item's look-back period.

Selection 1: Yes
Code if the condition continues to be an on-going, active condition which affects his or her functioning or need for care.
Code if the treatment has occurred within the individual item's look-back period.

Selection 2: Unknown to informant
Code if the informant does not know what conditions the applicant has or what treatment he/she has received within the individual item's look-back period.

Item a: Stage 3-4 Pressure Sores
Code, per above definitions, if the applicant has had Stage 3-4 pressure sores in the last 14 days.

Item b: IV (Parenteral) Feedings
Code, per above definitions, if the applicant received intravenous (parenteral) feedings in the last 7 days.

Item c: Intravenous Medications
Code, per above definitions, if the applicant received intravenous medications in the last 14 days.

Item d: Daily Tracheostomy Care, Daily Respirator/Ventilator Usage, Daily Suctioning
Code, per above definitions, if the applicant received daily tracheostomy care, daily respirator/ventilator usage, or daily suctioning in the last 14 days.

Item e: Pneumonia within the last 14 days
Code, per above definitions, if the applicant had pneumonia within the last 14 days AND has associated IADL/ADL needs or restorative nursing care needs.

Item f: Daily Respiratory Therapy
Code, per above definitions, if the applicant received daily respiratory therapy, i.e., "Includes use of inhalers, heated nebulizers, postural drainage, deep breathing, aerosol treatments, and mechanical ventilation, etc., which must be provided by a qualified professional. Does not include hand held medication dispensers."[1]

Item g: Daily Insulin with two order changes in the last 14 days
Code, per above definitions, if the applicant received daily insulin injections with two or more order changes within the last 14 days.
(A sliding scale dosage schedule that is written to cover different insulin dosages depending on laboratory values does not count as an order change simply because a different dose was administered based on sliding scale guidelines.)

Item h: Peritoneal or Hemodialysis
Code, per above definitions, if the applicant received peritoneal dialysis or hemodialysis in the last 14 days. "Hemodialysis is a method for removing unwanted byproducts from the blood of clients with renal insufficiency or renal failure through the use of a machine (dialyzer). Peritoneal dialysis (CAPD) is a method of removing unwanted byproducts from the body through the instillation of dialysate into the peritoneal cavity and using the abdominal wall as a filter."[2]

[1] Morris JN, Fries BE, Bernabei R, et al. p.118.

[2] *Ibid.*

F.15B: Neurological Conditions – Coding Definitions:

For each of the diseases or conditions listed, code with 0, 1, or 2, **based on the following definitions:**

Selection 0: No

Code if the applicant does not have the disease or condition.
Code if the applicant has the disease or condition, but has not required treatment of symptom management in the last 90 days.

Selection 1: Yes

Code if a doctor has indicated that the disease or condition is present AND it affects the applicant's status.
Code if the applicant has required treatment of symptom management in the last 90 days.

Selection 2: Unknown to Informant

Code if the informant does not know if the applicant has any of the listed diseases or conditions as defined in selection 1.

Item a: Alzheimer's disease

Code, per above definitions, if the applicant has this disease, its effect on the applicant's status, and if treatment of symptom management has been received in the last 90 days.

Item b: Dementia other than Alzheimer's disease

Code, per above definitions, if the applicant has this disease, its effect on the applicant's status, and if treatment of symptom management has been received in the last 90 days.

Item c: Head trauma

Code, per above definitions, if the applicant has this condition, its effect on the applicant's status, and if treatment of symptom management has been received in the last 90 days.

Item d: Multiple Sclerosis

Code, per above definitions, if the applicant has this disease, its effect on the applicant's status, and if treatment of symptom management has been received in the last 90 days.

The medical documentation (including the Statement of Medical Status) which is submitted to the OAAS-designated reviewer will be reviewed to determine if the criteria for this pathway is documented for the applicant.

READER's KEY: Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.

Pathway 4 Criteria for Approval:

The OAAS-designated reviewer will determine if the condition or treatment indicated on the LOCET in this Pathway is supported by the medical documentation submitted.

The criterion which must be met for approval in Pathway 4 is:

Any **ONE** of the conditions or treatments listed in Items F15A.a. through F15A.h. The specifics for each condition or treatment are described within each actual LOCET item (Items F15A.a. through F15A.h.). The SMS must indicate these specifics.

Note that Item F15A.g., "Daily Insulin with two order changes in the last 14 days," will require documentation of both of these criteria on the SMS: daily insulin usage and new order changes.

Section G. PATHWAY 5: Skilled Rehabilitation Therapies

This section identifies the presence of rehabilitation interventions based on ordered and scheduled therapy service (physical therapy - PT, occupational therapy - OT, speech therapy - ST) needs during the last 7 days and scheduled therapies for the next 7 days. These 7-day periods are based on the Eligibility Tool (LOCET) date.

Speech Therapy

G.16A.a.1.(A) Identify and code the number of minutes within the last 7 days that the applicant had Speech Therapy. The 7-day look-back period is based on the Eligibility Tool (LOCET) date.

Enter "0" if less than 15 minutes of Speech Therapy was received.
Enter "0" if no Speech Therapy was received.
Enter total number of minutes of Speech Therapy received in the last 7 days. Do not include evaluation minutes in the total number of minutes.
If the informant is not aware of the number of minutes of Speech Therapy the applicant has had in the last 7 days, code 999.

READER's KEY: Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.

G.16A.b.1.(B) Identify and code the number of minutes the applicant is scheduled for Speech Therapy within the next 7 days. The 7-day look-forward period is based on the Eligibility Tool (LOCET) date.

Enter "0" if less than 15 minutes of Speech Therapy is scheduled.
Enter "0" if no Speech Therapy is scheduled.
Enter total number of minutes the applicant is scheduled for Speech Therapy within the next 7 days. Do not include evaluation minutes in the total number of minutes.
If the informant is not aware of the number of minutes the applicant is scheduled for Speech Therapy within the next 7 days, code 999.

Occupational Therapy

G.16A.a.2.(A) Identify and code the number of minutes within the last 7 days that the applicant had Occupational Therapy. The 7-day look-back period is based on the Eligibility Tool (LOCET) date.

Enter "0" if less than 15 minutes of Occupational Therapy was received.
Enter "0" if no Occupational Therapy was received.
Enter total number of minutes of Occupational Therapy received in the last 7 days. Do not include evaluation minutes in the total number of minutes.
If the informant is not aware of the number of minutes of Occupational Therapy the applicant has had in the last 7 days, code 999.

G.16A.b.2.(B) Identify and code the number of minutes the applicant is scheduled for Occupational Therapy within the next 7 days. The 7-day look-forward period is based on the Eligibility Tool (LOCET) date.

Enter "0" if less than 15 minutes of Occupational Therapy is scheduled.
Enter "0" if no Occupational Therapy is scheduled.
Enter total number of minutes the applicant is scheduled for Occupational Therapy within the next 7 days. Do not include evaluation minutes in the total number of minutes.
If the informant is not aware of the number of minutes the applicant is scheduled for Occupational Therapy within the next 7 days, code 999.

READER's KEY: Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.

Physical Therapy

G.16A.a.3.(A) Identify and code the number of minutes within the last 7 days that the applicant had Physical Therapy. The 7-day look-back period is based on the Eligibility Tool (LOCET) date.

Enter "0" if less than 15 minutes of Physical Therapy was received.
Enter "0" if no Physical Therapy was received.
Enter total number of minutes of Physical Therapy received in the last 7 days. Do not include evaluation minutes in the total number of minutes.
If the informant is not aware of the number of minutes of Physical Therapy the applicant has had in the last 7 days, code 999.

G.16A.b.3.(B) Identify and code the number of minutes the applicant is scheduled for Physical Therapy within the next 7 days. The 7-day look-forward period is based on the Eligibility Tool (LOCET) date.

Enter "0" if less than 15 minutes of Physical Therapy is scheduled.
Enter "0" if no Physical Therapy is scheduled.
Enter total number of minutes the applicant is scheduled for Physical Therapy within the next 7 days. Do not include evaluation minutes in the total number of minutes.
If the informant is not aware of the number of minutes the applicant is scheduled for Physical Therapy within the next 7 days, code 999.

The medical documentation (including the Statement of Medical Status) which is submitted to the OAAS-designated reviewer will be reviewed to determine if the criteria for this pathway is documented for the applicant.

Pathway 5 Criteria for Approval:

The OAAS-designated reviewer will determine if the rehabilitative therapy indicated on the LOCET in this Pathway is supported by the medical documentation submitted.

The criterion which must be met for approval in Pathway 5 is either of the following:

1. At least 45 minutes of active Physical Therapy, Occupational Therapy and/or Speech therapy given in the last 7 days; **OR**

2. At least 45 minutes of active Physical Therapy, Occupational Therapy and/or Speech therapy scheduled for the next 7 days.

READER's KEY: Lines of text marked with a marginal designator in the left margin do not appear in the LOCET User Manual for Nursing Facility Personnel. See pp. i and ii.